



K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

MEMORANDUM

**TO:** Administrator, Kansas-licensed Adult Care Home  
Administrator, Kansas-licensed Home Health Agency  
Administrator, Employment Staffing Agency

**FROM:** Melinda Reynard Lindsay, Administrator  
Criminal Record Check Program

**RE: PREPAID CRIMINAL RECORD CHECK REQUEST ORDER FORM**

Please complete and return the information below. Forms are \$10.00 each which includes processing. **No additional payment is required when forms are sent in.**

Facility/agency name \_\_\_\_\_

Facility/agency State ID number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Enclosed payment amount \$ \_\_\_\_\_

Number of prepaid criminal background forms requested \_\_\_\_\_

Return to:

Health Occupations Credentialing  
Criminal Record Check Unit  
1000 SW Jackson, Suite 200  
Topeka, KS 66612-1365